

# SEALED BID

Project: Traveler's Rest State Park Visitor  
Center Re-roof

MT FWP Number: 7196110

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Dept. of Labor & Industry Cert. of Reg.#. \_\_\_\_\_

Acknowledges Addendum No.: \_\_\_\_\_

Jon Maxwell, P.E., Project Manager  
Montana Fish, Wildlife and Parks  
Design and Construction  
1522 Ninth Avenue  
P.O. Box 200701  
Helena, Montana 59620-0701

***PROPOSAL***  
**Travelers' Rest State Park – Visitor Center Re-roof**

**FWP# 7196110**

**Montana Fish, Wildlife & Parks  
 Design and Construction  
 PO Box 200701  
 1522 Ninth Avenue  
 Helena, Montana 59620-0701**

The undersigned, having familiarized himself with the conditions of the work and the contract documents as prepared by **Jon Maxwell – Project Manager; P.O. Box 200701 Helena, Montana 59620-0701; Phone 406 841-4002**, agrees to furnish all labor, materials, equipment, and services necessary to complete all general construction work, as bid herein, for a project entitled **Travelers' Rest State Park – Visitor Center Re-roof** in accordance with the Contract Documents including all Addenda. The bidder agrees to perform all the work described below at the price shown as follows:

**Reminder To Contractors: All Unit Prices must be filled in on the Bid Form for a valid bid (18-2-303 MCA).**

**Base Bid:**

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
1	Metal Roof Replacement (26 gauge 'Delta Rib' w/components)	100	SQ		
2	Rafter Reinforcement	158	EA		
3	Purlin Replacement (Lean-to areas - damaged)	453	LF		
<b>Total: \$</b>					

**BASE BID:** \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_ /100 DOLLARS (\$) \_\_\_\_\_).

**ADDITIVE ALTERNATE #1:**

Item #	Description	Estimated Quantity	Unit Measure	Unit Price	Amount
4	Add Fiberglass Insulation (R-13 x 23", unfaced)	1612	LF		
<b>Total: \$ _____</b>					

**ADDITIVE ALTERNATE # 1:** \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_ /100 DOLLARS (\$ \_\_\_\_\_).

**TOTAL BID:** \_\_\_\_\_

\_\_\_\_\_ AND \_\_\_\_\_ /100 DOLLARS (\$ \_\_\_\_\_).

And certifies that he is a duly and regularly licensed contractor registered with the Montana Department of Labor and Industry:

FIRM NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

BY: \_\_\_\_\_

REGISTRATION #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

This bidder acknowledges receipt of the following addenda:

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

ADDENDUM NO. \_\_\_\_\_ DATED \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Page 2 of 2